



DRAFT

**2006 SAMHSA BLOCK GRANT
APPLICATION
PERFORMANCE INDICATOR TABLES**

DRAFT

**PUBLIC COMMENTS MAY BE SENT TO BILL HOLLAND, DMH
Bill.Holland@dmh.ca.gov**

State Plan for Comprehensive Community Mental Health Services for Adults and Older Adults

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

State-Level Performance Indicator Description

Goal:	To create a comprehensive community mental health system that promotes recovery and wellness for adults and older adults with serious mental illness (SMI).
Objective:	By June 30, 2006, the DMH, in collaboration with stakeholders involved with implementing the Mental Health Services Act (MHSA), will review and approve all county Community Services and Supports (CSS) Plans that have been submitted by April 1, 2006 and are in accordance with CSS Plan requirements, and that focus on wellness and recovery for adults and older adults with SMI.
Population:	Adults and older adults diagnosed with SMI
Criterion:	Comprehensive Community-Based Mental Health Service Systems
Brief name:	CSS Plans
Indicator:	Number of CSS plans reviewed and approved
Measure:	Number of CSS plans reviewed and approved
Source(s) of Information:	County MHSA / CSS Plans
Special Issues:	
Significance:	The CSS Plans developed by counties will be the first step in the expansion of mental health and supportive services to adults and older adults with SMI under the MHSA.

Fiscal Year: 2006
Population: Adults and Older Adults with SMI
Criterion: Comprehensive Community-Based Mental Health Service Systems

(1) Performance

Indicator:

1: CSS Plans

**(2) FY 2004
Actual** Not applicable.

**(3) FY 2005
Project** Not applicable.

**(4) FY 2006
Objective** By June 30, 2006, the DMH, in collaboration with stakeholders involved with implementing the Mental Health Services Act (MHSA), will review and approve all county Community Services and Supports (CSS) Plans that have been submitted by April 1, 2006 and are in accordance with CSS Plan requirements, and that focus on wellness and recovery for adults and older adults with SMI.

(5) % Attain

Criterion 1: Comprehensive Community-Based Mental Health Service System

Name of CMHS Core Performance Indicator: 2-a. and 2-b. Reduced Utilization of Psychiatric Inpatient Beds – Readmissions to State Psychiatric Hospitals within 30 Days and 180 Days

Population: Adults and Older Adults with SMI

California has not set specific goals for decreasing readmissions to State Hospitals because the absolute and relative numbers of persons served in State Hospitals is very low. A recent NASMHPD report shows that California's State Hospital utilization for voluntary and civil commitments is among the lowest in the country. The number of hospital days per 100,000 children and youth is 444 while the national average is 1,590. This is the second lowest rate among 30 states reporting. The rate for adults in California is 918 while the national average is 5,360. This is the third lowest rate among 39 states reporting for adults.

The performance indicator is stated as the percent of persons discharged who are readmitted. As the number of civil commitments in the State Hospitals continues to decline, the number of discharges also declines, and hopefully the number of readmissions also declines. However, when the numbers are small, a difference of one or two people can change the direction of readmissions from decreasing to increasing. Therefore, the target readmission rate is set at the same level as the most recent complete year of actual data.

Readmission to State Psychiatric Hospitals within 30 Days for Adults

Fiscal Year	2002-03 Actual	2003-04 Actual	2004-05 Target
Performance indicator	5.3%	3.5%	3.5%
Numerator	17	9	
Denominator	323	254	

Readmission to State Psychiatric Hospitals within 180 Days for Adults

Fiscal Year	2002-03 Actual	2003-04 Actual	2004-05 Target
Performance indicator	10.2%	5.1%	5.1%
Numerator	33	13	
Denominator	323	254	

Criterion 1: Comprehensive Community-Based Mental Health Service System

Name of CMHS Core Performance Indicator: 3. Evidence-Based Practices

Population: Adults and Older Adults with SMI

With the assistance of resources from the Data Infrastructure Grant (DIG), the Department convened a work group on modifying data systems so that we can report data on the delivery of Evidence-Based Practices (EBPs) as well as other data elements that are not currently included in existing data sets. In FY 2005-06, it is expected that the Department will develop the reporting guidelines and standards, and that both the counties and state will work on making system modifications. In addition, training and technical assistance will be a significant component of the second DIG grant during FY 2005-06 to ensure accurate data collection and reporting. During FY 2006-07, as counties start reporting, the Department will continue to provide technical assistance to counties as they implement the changes and monitor reporting to identify any reporting problems early. The Department will report baseline data for FY 2006-07.

Criterion 1: Comprehensive Community-Based Mental Health Service System

Name of CMHS Core Performance Indicator: 4. Client Perception of Care

Population: Adults and Older Adults with SMI

Fiscal Year	2001-02 Actual	2002-03	2003-04 Actual	2004-05 Estimate	2005-06 Target
Performance Indicators	64%	See Below	70.1%	70.1%	70%
Numerator	12, 436	“	13,654	32,104	
Denominator	19, 520	“	19,469	45,804	

Data on adult/older adult consumer perception of the outcomes of services were not collected in Fiscal Year (FY) 2002-03. As part of its quality improvement emphasis, DMH focused efforts on improving data quality. These efforts included revising data collection instruments, refining data collection methodology, and obtaining a more sophisticated technology for data submission that allows for web-based data reporting options. No performance outcome data are indicated in the table above for FY 2002-03, since none were collected during this improvement process. By November 2003, DMH implemented the recommended improvements.

Following the data quality improvements, DMH anticipated an increase in performance, as measured by the MHSIP survey. As shown in the table above, this objective was achieved. Between FY 2001-02 and FY 2003-04, an increase to 70.1% (+/- 1%) was observed. This is an increase of approximately 6%.

The estimate for FY 2004-05, based on preliminary data, remains at 70.1% (+/- 1%). (California is now assessing consumer perception bi-annually at 6-month intervals. The estimates for the numerator and denominator, above, are arrived at by doubling the numbers from our November 2004 data collection period. A survey collection period is scheduled again for May 2005, and it is estimated that a similar number of consumers will be surveyed at that time.) The target for FY 2005-06 is to maintain the (approximate) 70% positive response rate of the 2003-04 and 2004-05 fiscal years.

With the improved data collection methodologies, more immediate quality improvement processes continue to be achieved at the local level. The State Quality Improvement Council and California Mental Health Planning Council (as well as the soon-to-be established Oversight and Accountability Commission for the Mental Health Service Act will) receive data more quickly, so that these data can be effectively used for statewide performance oversight processes.

Criterion 2: Mental Health System Data Epidemiology

State-Level Performance Indicator Description

Goal:	At the county level, more accurately estimate the number of adults and older adults who meet SMI criteria and who are unserved as reported by the Mental Health Services Act (MHSA) Community Services and Support (CSS) Plans.
Objective:	By June 30, 2006, review county CSS plans regarding prevalence and unmet need, compare the data to the prevalence data prepared for DMH by Dr. Charles Holzer, and evaluate the additional data provided by the counties.
Population:	Adults and older adults with SMI
Criterion:	Mental Health System Data Epidemiology
Brief name:	CSS Plans
Indicator:	Statewide total number of adults and older adults with SMI who are unserved.
Measure:	Statewide total number of adults and older adults with SMI who are unserved.
Source(s) of Information:	County CSS plans and state prevalence estimates.
Special Issues:	
Significance:	This estimate will use standard prevalence rates modified by county estimates of homeless, institutionalized and other populations, and persons who are already served.

NOTE: CRITERION 3: Not Applicable, Children Only

Fiscal Year: 2006
Population: Adults and Older Adults with SMI
Criterion: Mental Health System Data Epidemiology

(1) Performance

Indicator:

1: CSS Plans

**(2) FY 2004
Actual** . Not applicable

**(3) FY 2005
Project** Not applicable

**(4) FY 2006
Objective** By June 30, 2006, review county CSS plans regarding prevalence and unmet need, compare the data to the prevalence data prepared for DMH by Dr. Charles Holzer, and evaluate the additional data provided by the counties.

(5) % Attain

Criterion 2: Mental Health System Data Epidemiology

Name of CMHS Core Performance Indicator: 1. Increased Access to Services

Population: Adults and Older Adults with SMI

Although there is a goal to increase access to services, the funding sources for mental health services have not been stable in recent years. In some counties, the funds have not kept up with population growth and inflation while other counties have experienced actual funding decreases. Counties cope with such situations in a variety of ways such as cutting specific programs, reducing the number of clients to only those who are most seriously ill, and reducing services to all clients. Data for FY 2002-03 show that approximately 373,000 adults and older adults with SMI were served. The data for FY 2003-04 are not yet complete due to system changes in some of the counties. It appears though that the number of clients will be about the same as FY 2002-03. Therefore, the target for FY 2004-05 is to serve the same number of clients as FY 2002-03.

Fiscal Year	2002-03 Actual	2003-04 Projected	2004-05 Target
Performance Indicator	373,000	373,000	373,000

Criterion 4: Targeted Services to Rural and Homeless Populations

State-Level Performance Indicator Description

Goal:	Expand services to adults and older adults with SMI in rural counties.
Objective:	By June 30, 2006, establish baseline data on community-based outpatient services to adults and older adults with SMI in rural counties.
Population:	Adults and older adults with SMI who live in rural counties.
Criterion:	Targeted Services to Rural and Homeless Populations
Brief name:	Rural Services
Indicator:	Number of adult and older adult clients with SMI receiving outpatient services and units of outpatient service provided to that population.
Measure:	Number of adult and older adult clients with SMI receiving outpatient services and units of outpatient service provided to that population.
Source(s) of Information:	Client and Service Information Data System
Special Issues:	
Significance:	

Fiscal Year: 2006
Population: Adults and Older Adults with SMI
Criterion: Targeted Services to Rural and Homeless Populations

(1) Performance

Indicator:

1: Rural Services

**(2) FY 2004
Actual** Not applicable

**(3) FY 2005
Project** Not applicable

**(4) FY 2006
Objective** By June 30, 2006, establish baseline data on community-based outpatient services to adults and older adults with SMI in rural counties.

(5) % Attain

Criterion 5: Management Systems

State-Level Performance Indicator Description

Goal:	To Be Determined
Objective:	By June 30, 2006,
Population:	Adults and older adults diagnosed with SMI
Criterion:	Management Systems
Brief name:	
Indicator:	
Measure:	
Source(s) of Information:	
Special Issues:	
Significance:	

Fiscal Year: 2006
Population: Adults and Older Adults with SMI
Criterion: Management Systems

(1) Performance

Indicator:

1. TBD

**(2) FY 2004
Actual**

**(3) FY 2005
Project**

**(4) FY 2006
Objective**

(5) % Attain

State Plan for Comprehensive Community Mental Health Services for Children

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

State-Level Performance Indicator Description

Goal:	To create a comprehensive community mental health system that promotes resiliency for children, youth and transition-age youth (TAY) with serious emotional disturbance (SED) and their families.
Objective:	By June 30, 2006, the DMH, in collaboration with stakeholders involved with implementing the Mental Health Services Act (MHSA), will review and approve all county MHSA Community Services and Supports (CSS) Plans that have been submitted by April 1, 2006, in accordance with MHSA CSS Plan requirements, and that focus on resiliency for children, youth and TAY with SED and their families.
Population:	Children and youth with SED
Criterion:	Comprehensive Community-Based Mental Health Service Systems
Brief name:	CSS Plans
Indicator:	Number of MHSA CSS Plans reviewed and approved
Measure:	Number of MHSA CSS Plans reviewed and approved
Source(s) of Information:	County MHSA CSS Plans
Special Issues:	
Significance:	The CSS Plans developed by counties will be the first step in the expansion of mental health and supportive services to children, youth and TAY and their families under the

	Mental Health Services Act.
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Fiscal Year: 2006

Population: Children with SED

Criterion: Comprehensive Community-Based Mental Health Service Systems

(1) Performance

Indicator:

1. CSS Plans

**(2) FY 2004
Actual** Not applicable.

**(3) FY 2005
Project** Not applicable

**(4) FY 2006
Objective** By June 30, 2006, the DMH, in collaboration with stakeholders involved with implementing the Mental Health Services Act (MHSA), will review and approve all county Community Services and Supports (CSS) Plans that have been submitted in accordance with CSS Plan requirements, and that focus on resiliency for children, youth and TAY with SED and their families.

(5) % Attain

Criterion: 1. Comprehensive Community-Based Mental Health Service System**Name of CMHS Core Performance Indicator: 2-a. and 2-b. Reduced Utilization of Psychiatric Inpatient Beds – Readmissions to State Psychiatric Hospitals within 30 Days and 180 Days****Population: Children with SED**

California has not set specific goals for decreasing readmission to State Hospitals because the absolute and relative numbers of persons served in State Hospitals is very low. A recent NASMHPD report shows that California's State Hospital utilization for voluntary and civil commitments is among the lowest in the country. The number of hospital days per 100,000 children and youth is 444 while the national average is 1,590. This is the second lowest rate among 30 states reporting. The rate for adults in California is 918 while the national average is 5,360. This is the third lowest rate among 39 states reporting for adults.

The performance indicator is stated as the percent of persons discharged who are readmitted. As the number of civil commitments in the State Hospitals continues to decline, the number of discharges also declines, and hopefully the number of readmissions also declines. However, when the numbers are small, a difference of one or two people can change the direction of readmissions from decreasing to increasing. Therefore, the target readmission rate is set at the same level as the most recent complete year of actual data.

Readmission to State Psychiatric Hospitals within 30 Days for Children

Fiscal Year	2002-03 Actual	2003-04 Actual	2004-05 Target
Performance indicator	2.4%	1.1%	1.1%
Numerator	2	1	
Denominator	84	86	

Readmission to State Psychiatric Hospitals within 180 Days for Children

Fiscal Year	2002-03 Actual	2003-04 Actual	2004-05 Target
Performance indicator	6.0%	2.3%	2.3%
Numerator	5	2	
Denominator	84	86	

Criterion: 1. Comprehensive Community-Based Mental Health Service System

Name of CMHS Core Performance Indicator: 3. Evidence-Based Practices

Population: Children with SED

With the assistance of resources from the Data Infrastructure Grant (DIG), the Department convened a work group on modifying data systems so that we can report data on the delivery of Evidence-Based Practices (EBPs) as well as other data elements that are not currently included in existing data sets. In FY 2005-06, it is expected that the Department will develop the reporting guidelines and standards, and that both the counties and state will work on making system modifications. In addition, training and technical assistance will be a significant component of the second DIG grant during FY 2005-06 to ensure accurate data collection and reporting. During FY 2006-07 as counties start reporting, the Department will continue to provide technical assistance to counties as they implement the changes and monitor reporting to identify any reporting problems early. The Department will report baseline data for FY 2006-07.

Criterion: 1. Comprehensive Community-Based Mental Health Service System

Name of CMHS Core Performance Indicator: 4. Client Perception of Care

Population: Children with SED

Fiscal Year	2001-02 Actual	2002-03	2003-04 Actual	2004-05 <i>Estimate</i>	2005-06 Target
Performance Indicators	See Below	See Below	63.9%	63.3%	63%-64%
Numerator	“	“	6,966	14,986	
Denominator	“	“	10,909	23,680	

Data on caregiver perceptions of the services provided to youth/children were collected in Fiscal Year (FY) 2001-02 using the Consumer Satisfaction Questionnaire-8 (CSQ-8). However, these data were not reported to CMHS, as they did not conform to the Uniform Reporting System's use of the YSS-F for evaluation of children's/youth services.

In FY 2002-03, as part of the quality improvement emphasis, California DMH focused its efforts on improving data quality and obtaining consistency with the URS surveys for evaluation of children's/youth services. These efforts included revising data collection instruments for children's/youth services, refining data collection methodology, and obtaining a more sophisticated technology for data submission that allows for web-based data reporting options. No performance outcome data are indicated in the table above for FY 2002-03, as none were collected during this improvement process. By November 2003, DMH implemented the new methods.

Data collected in FY 2003-04, showed that 63.9% (+/- 1%) of caregivers surveyed rated outcomes with services positively. The estimate for FY 2004-05, based on preliminary data, is 63.3% (+/- 1%). (California is now assessing consumer/caregiver perception bi-annually, at 6-month intervals. The estimates for the numerator and denominator, above, are arrived at by doubling the numbers from our November 2004 data collection period. A survey collection period is scheduled again for May 2005, and it is estimated that a similar number of consumers will be surveyed at that time.) The target for FY 2005-06 is to maintain the (approximate) 63% to 64% positive response rate of the 2003-04 and 2004-05 fiscal years.

With the improved data collection methodologies, more immediate quality improvement processes continue to be achieved at the local level. The State Quality Improvement Council and California Mental Health Planning Council (as well as the soon-to-be established Oversight and Accountability Commission for the Mental Health Service Act will) receive data more quickly, so that these data can be effectively used for statewide performance oversight processes.

Criterion 3: Children's Services

State-Level Performance Indicator Description

Goal:	Expand community-based mental health services to Transition-Aged Youth (TAY) with SED.
Objective:	By June 30, 2006, establish baseline data for the number of TAY youth with SED aged 16 to 25 years, as defined by the Mental Health Services Act (MHSA).
Population:	Children and youth diagnosed with SED
Criterion:	Children's Services
Brief name:	TAY Services
Indicator:	The number of children and youth aged 16 to 25 with SED who are receiving services.
Measure:	The number of children and youth aged 16 to 25 with SED who are receiving services.
Source(s) of Information:	Client and Services Information (CSI) Data System
Special Issues:	
Significance:	

Fiscal Year: 2006

Population: Children with SED

Criterion: Children's Services

(1) Performance

Indicator:

1: TAY Services

(2) FY 2004

Actual Not applicable

(3) FY 2005

Project Not applicable

(4) FY 2006

Objective By June 30, 2006, establish baseline data for the number of TAY youth with SED aged 16 to 25 years, as defined by the Mental Health Services Act (MHSA).

(5) % Attain

Criterion 2: Mental Health System Data Epidemiology

State Plan Performance Indicator Description

Goal:	At the county level, more accurately estimate the number of children who meet SED criteria and who are unserved based on the Community Services and Support (CSS) Plans.
Objective:	By June 30, 2006, review county Mental Health Services Act (MHSA) CSS plans regarding prevalence and unmet need, compare this to the prevalence data prepared for DMH by Dr. Charles Holzer, and evaluate the additional data provided by the counties.
Population:	Children and youth with SED
Criterion:	Mental Health System Data Epidemiology
Brief name:	CSS Plans
Indicator:	Statewide total number of children with SED who are unserved.
Measure:	Statewide total number of children with SED who are unserved.
Source(s) of Information:	County CSS plans and state prevalence estimates.
Special Issues:	
Significance:	This estimate will use standard prevalence rates modified by county estimates of homeless, institutionalized and other populations, and persons who are already served.

Fiscal Year: 2006
Population: Children with SED
Criterion: Mental Health System Data Epidemiology

(1) Performance

Indicator:

1: CSS Plans

**(2) FY 2004
Actual** Not applicable

**(3) FY 2005
Project** Not applicable

**(4) FY 2006
Objective** By June 30, 2006, review county Mental Health Services Act (MHSA) CSS plans regarding prevalence and unmet need, compare this to the prevalence data prepared for DMH by Dr. Charles Holzer, and evaluate the additional data provided by the counties.

(5) % Attain

Criterion 2: Mental Health System Data Epidemiology

Name of CMHS Core Performance Indicator: 1. Increased Access to Services

Population: Children with SED

Although there is a goal to increase access to services, the funding sources for mental health services have not been stable in recent years. In some counties, the funds have not kept up with population growth and inflation while other counties have experienced actual funding decreases. Counties cope with such situations in a variety of ways such as cutting specific programs, reducing the number of clients to only those who are most seriously ill, and reducing services to all clients. Data for FY 2002-03 are complete and during that year approximately 150,000 children and youth with SED were served. The data for FY 2003-04 are not yet complete due to system changes in some of the counties. It appears though that the number of clients will be about the same as FY 2002-03. Therefore, the target for FY 2004-05 is to serve the same number of clients as FY 2002-03.

Fiscal Year	2002-03 Actual	2003-04 Projected	2004-05 Target
Performance Indicator	150,000	150,000	150,000

Criterion 4: Targeted Services to Rural and Homeless Populations

State-Level Performance Indicator Description

Goal:	Expand services to children and youth with SED in rural counties.
Objective:	By June 30, 2006, establish baseline data on community-based outpatient services to children and youth with SED in rural counties.
Population:	Children and youth with SED who are homeless and/or who live in rural counties.
Criterion:	Targeted Services to Rural and Homeless Populations
Brief name:	Rural Services
Indicator:	Number of children and youth with SED receiving outpatient services and units of outpatient service provided to that population.
Measure:	Number of children and youth with SED receiving outpatient services and units of outpatient service provided to that population.
Source(s) of Information:	Client and Service Information (CSI) Data System
Special Issues:	
Significance:	

Fiscal Year: 2006

Population: Children with SED

Criterion: Targeted Services to Rural and Homeless Populations

(1) Performance

Indicator:

1: Rural Services

(2) FY 2004

Actual

Not applicable

(3) FY 2005

Project

Not applicable

(4) FY 2006

Objective

By June 30, 2006, establish baseline data on community-based outpatient services to children and youth with SED in rural counties.

(5) % Attain

Criterion 5: Management Systems

State-Level Performance Indicator Description

Goal:	To Be Determined
Objective:	By June 30, 2006,
Population:	Children diagnosed with SED
Criterion:	Management Systems
Brief name:	
Indicator:	
Measure:	
Source(s) of Information:	
Special Issues:	
Significance:	

Fiscal Year: 2006

Population: Children with SED

Criterion: Management Systems

(1) Performance

Indicator:

1. TBD

**(2) FY 2004
Actual**

**(3) FY 2005
Project**

**(4) FY 2006
Objective**

(6) % Attain